

**Application Data Sheet**

**Application Information**

Application Number::  
Filing Date::  
Application Type:: **US National Phase**  
Subject Matter:: **Utility**  
Suggested Classification::  
Suggested Group Art Unit::  
Title:: **OPTICAL FILTERING COMPONENT**  
Attorney Docket Number:: **62819 (4590-353)**  
Request for Early Publication::  
Request for Non-Publication::  
Suggested Drawing Figure::  
Total Drawing Sheets:: **4**

**Applicant Information**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **French**  
Status::  
Given Name:: **Xavier**  
Middle Name::  
Family Name:: **HUGON**  
Name Suffix::  
City of Residence:: **Couplevie**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **Route de Guillon, Cedex 219A**  
City of Mailing Address:: **Couplevie**  
Postal or Zip Code:: **38500**

Applicant Authority Type:: **Inventor**  
 Primary Citizenship Country:: **French**  
 Status::  
 Given Name:: **Jean-Pierre**  
 Middle Name::  
 Family Name:: **MOY**  
 Name Suffix::  
 City of Residence:: **Saint Egreve**  
 State or Province of Residence::  
 Country of Residence:: **France**  
 Street of Mailing Address:: **15, Rue de la Monta**  
 City of Mailing Address:: **Saint Egreve**  
 Postal or Zip Code:: **38120**

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	<b>French</b>
Status::	
Given Name::	<b>Romain</b>
Middle Name::	
Family Name::	<b>RAMEL</b>
Name Suffix::	
City of Residence::	<b>Saint Egreve</b>
State or Province of Residence::	
Country of Residence::	<b>France</b>
Street of Mailing Address::	<b>L'Orangerie 2, Rue de Néron</b>
City of Mailing Address::	<b>Saint Egreve</b>
Postal or Zip Code::	<b>38520</b>

### **Correspondence Information**

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address::

### **Representative Information**

Representative Customer Number::

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>02/06853</b>	<b>June 4, 2002</b>	<b>Yes</b>

### **Assignee Information**

Assignee Name:: **ATMEL GRENOBLE S.A.**  
Street of Mailing Address:: **Avenue de Rochepleine**  
City of Mailing Address:: **Saint Egreve**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **38120**